

COUNTY NEWS

ALAMEDA COUNTY

Alameda County Medical Association (reported by E. Spence De Puy, secretary)—The regular November meeting was devoted to a discussion of the Wassermann test from the clinician's point of view.

When is a four-plus Wassermann reaction a negative reaction? Are there grounds for complaint as to the Wassermann reports furnished the clinician? What is the matter? Why not better Wassermann? A suggested remedy.—Albert M. Meads.

Reports of Wassermann by five laboratories from split specimen. Statistical report of 183 Wassermanns done on split samples by five laboratories. Study of histories of non-checks with analysis of results, together with suggestions for standardization of the Wassermann reaction.—Gertrude Moore.

A plan for official approval of laboratories. Licensing of physicians on a showing of certain qualifications is a necessary protection of the people against the dangers of incompetent medical service. The physicians themselves possess no such safeguard in California against unskilled service, namely, in the diagnostic laboratories. A plan for remedying this deficiency that should be acceptable to both the physician and the laboratories.—W. H. Kellogg.

Clinical Interpretation of the Wassermann reaction.—Stewart Irwin.

Discussion by Dudley Smith, Albert Rowe, Quinton Gilbert, Harry Foster, W. S. Kuder.

W. W. Crane Jr. was issued a transfer card to Olmstead County, Minn.

The following physicians were elected to membership: Raymond St. Clair of Oakland transferred from Reno, Nev.; Edward Babcock of the Baby Hospital, Oakland; Philip S. Potter of Berkeley transferred from Onandoga County, New York; Arthur H. Orcutt of Berkeley.

CONTRA COSTA COUNTY

Contra Costa County Medical Society (reported by L. St. John Hely, secretary)—The regular monthly meeting was held at the residence of C. R. Blake on Cutting Boulevard, October 27, 1923, at 8 p. m. Regular business of the society was transacted, minutes of the previous meeting were read and approved. A committee was appointed by the president to confer with physicians and the County Hospital in regard to pay patients being treated gratis. The following members were appointed by the president: Campbell, Beard, Cook.

Walter M. Dickie, secretary of the State Board of Health, delivered the lecture of the evening, discussing the great strides made in preventive medicine, mainly due to the vigilance of the health departments, naming yellow fever, hookworm, Asiatic cholera, smallpox, malaria, bubonic plague, and many other diseases. The doctor discussed the necessity of whole-time health departments which all the members heartily favored.

The time of the annual meeting was discussed and it was decided to hold it on November 21, at Hotel Oakland, and after the business session adjourned to the Orpheum Theater for the remainder of the evening.

The following members were present, as well as the nurses of the county hospitals and health centers: Drs. U. S. Abbott, C. L. Abbott, Horne, Blake, Denninger, Keser, Beard, Vestal, Bumgarner, Carpenter, Hely, J. B. and Clara Spalding, Mr. Withington of the Boy Scouts, Dr. Campbell, Miss Wallace, Pittsburg school nurse; Miss Burley, Crockett school nurse.

Refreshments were served by Mrs. Blake.

LOS ANGELES COUNTY

Los Angeles County Medical Association—According to the Bulletin of the Los Angeles County Medical Association, November 15, 1923, the regular November meeting of the society was held November 15, and the following program was carried out:

The Discussion of Electrical Diagnosis and Therapeutic Methods from the Standpoint of the Neuro Society.—Thomas J. Orbison.

The Diagnosis and Indications for the Surgical Treatment of Gastric and Duodenal Ulcers.—C. P. Thomas.

Vagotonia.—A. Frisch.

Alhambra Hospital—According to the Los Angeles County Medical Association Bulletin of November 1, 1923, the Alhambra Hospital has taken the following action, as expressed in a letter to Harlan Shoemaker, secretary of the Los Angeles County Medical Association:

October 15, 1923.

Harlan Shoemaker, M. D.,
605 Marsh-Strong Bldg.,
Los Angeles, Calif.

Dear Doctor: At a meeting of the Board of Directors, October 10, a resolution was passed extending the use of the hospital only to physicians and surgeons who are eligible to membership in the American Medical Association. This action was taken as the result of a request from the hospital staff at a recent meeting. Very truly yours,

ALHAMBRA HOSPITAL,

H. L. Ingraham, Secretary.

MENDOCINO COUNTY

Mendocino County Medical Society (reported by Paul J. Bowman, secretary)—On November 8, physicians of Mendocino, Sonoma, and Lake Counties had a meeting at Cloverdale. The following officers for the year 1924 were elected from the physicians of Mendocino and Lake Counties: President, R. A. Babcock of Willits; vice-president, A. M. Craig, Lakeport; secretary and treasurer, P. J. Bowman, Fort Bragg.

Redwood Coast Hospital—The Fort Bragg Hospital has been reorganized and reincorporated under the name of the Redwood Coast Hospital, Inc. A number of improvements have been made in the hospital, including new equipment for orthopedic and fracture work.

ORANGE COUNTY

Orange County Medical Society (reported by S. A. Marsden, secretary)—At the October meeting of the Orange County Medical Society, Merrill W. Hollingsworth of Santa Ana presented a paper on "The Treatment of Diabetes by the Woodyatt Formula." His talk was illustrated with some specially prepared slides.

At the November meeting of the society, F. E. Coulter of Santa Ana read a paper on "Some Observations Upon the Relation of Syphilis and Nervous System."

S. A. Marsden of Santa Ana read a report of his observations at the obstetrical clinics of the Chicago Lying-in Hospital, Johns Hopkins, New York Lying-in, and Buffalo.

At the November meeting it was voted to change the date of election of officers from April to December with the annual banquet and installation of officers in January.

The following new men have been taken into the society recently: Thomas S. Blair, Santa Ana; R. C. Burkett, Santa Ana; Ralph E. Hawes, Huntington Beach.

William Cole, formerly of Anaheim, has transferred to the Harbor Branch of the Los Angeles County Medical Society, and is now located in Long Beach.

Another drive is on for the proposed Santa Ana

Valley Hospital. There have been two previous drives, but is expected to go over this time.

SAN BERNARDINO COUNTY

San Bernardino County Medical Society (reported by E. J. Eytinge, secretary)—The society met November 6 at the San Bernardino County Hospital, with forty-five members present, thirty-two absent, five guests.

The program for the meeting consisted of an orthopedic clinic, conducted by Ellis Jones of Los Angeles. Cases were presented from the County Hospital service, the County Welfare Commission, and others.

The president, J. H. Evans, appointed the following board of councilors: C. F. Whitmer, J. S. Forsythe, C. G. Hilliard, F. H. Folkins, and H. G. Hill.

The secretary again requests that the names of those who are eligible to become members of the society be sent to him.

SAN DIEGO COUNTY

San Diego County Medical Notes (reported by Robert Pollock)—At the county society meeting of October 23, the following program was discussed: "Syphilis of the Stomach," paper read by E. J. Farrow, and discussed by Howard and Stealy. "Delayed Bowel Action," paper read by A. F. Willier, and discussed by Howard. "The Practice of Medicine: Its Success or Failure," paper read by F. A. Butler.

The San Diego County Medical Society today records 176 members in good standing who are entitled to vote at the annual election in December.

The construction work on the new St. Joseph's Hospital goes steadily on, and a few months will add this completed structure to San Diego's fine group of institutions.

A goodly number of our members motored to Los Angeles to attend the Southern California Medical Society which presented an excellent program November 2 and 3.

Thomas O. Burger has returned from the annual session of the American College of Surgeons at Chicago.

SAN FRANCISCO COUNTY

Proceedings of the San Francisco County Medical Society

During the month of October, 1923, the following meetings were held:

Tuesday, October 2—Committee on Medicine. Vis medicatrix naturae—W. F. McNutt, Sr. Effect of Roentgen-ray on bone-marrow—E. H. Falconer.

Tuesday, October 9—General Meeting. Presentation of portrait of N. J. Martinache, originator of the use of actual cautery in eye surgery—C. S. G. Nagel. Roentgen-ray therapy in thyrotoxicosis; its effect as judged by the basal metabolic rate—J. Marion Read.

Tuesday, October 16—Committee on Industrial Medicine. Bennett's operation for limited motion of the knee-joint. Technique and presentation of cases—G. J. McChesney. Presentation of two cases operated upon by Bennett—C. L. Hoag. Method of rating knee injuries—Mr. R. E. Haggard, Superintendent Permanent Disability Rating Department, Industrial Accident Commission.

Tuesday, October 23—Committee on Eye, Ear, Nose, and Throat. Melanosis of the conjunctiva—Louis C. Deane. Cataract extraction technique, with reference to antisepsis and iris anesthesia—P. Obarrio. Alveolar fistulae, with reference to the antrum—Merton J. Price.

Tuesday, October 30—Committee on Urology. Tuberculosis of the kidney during pregnancy—William E. Stevens. Papillomata involving the female urethra—H. A. R. Kreutzmann. Preliminary report

of 112 consecutive supra-pubic prostatectomies, with no mortalities—George L. Eaton.

Synopsis of the Paper on "Mistakes in Surgery" (read before San Francisco County Medical Society, September 18, by A. S. Keenan)—Mistakes are common in every science, in every art, and in every business. It is not to be wondered at that mistakes should occur in surgery from the very nature of the work. The surgeon works with human lives, with flesh and blood, and cannot rehearse the act or correct the proofs or begin again.

The responsibility of a surgeon is very great, because of the material with which he works. The body is infinitely complex; infinitely precious.

The strain of practice is wearing, because of the responsibility of mistakes. Lack of care is accountable for more mistakes than lack of knowledge or lack of experience. Accidents happen, but they are frequently the offspring of carelessness. Surgery is a jealous mistress and requires, from those who serve her, undivided loyalty and attention.

The occasional operator is a public danger.

Mistakes are common in not promptly diagnosing and operating upon acute osteomyelitis. Fractures offer a prolific field for mistakes. A not uncommon mistake is trying to hold a fractured femur with plaster-splints.

Other mistakes are: Unnecessary and too long use of splints in properly reduced fractures. Delay in promptly diagnosing acute abdominal conditions. Not diagnosing and operating promptly upon acute cases of appendicitis. Too much surgery done in perforation of the stomach. Neglecting to operate promptly in cases of acute obstruction of bowels. Too much surgery in late operations of acute obstruction of bowels. Ectopic pregnancy diagnosed as acute infection following attempt at abortion. Ectopic pregnancy assimilating pelvic abscess and mistake in attempting to drain through cul de sac. Injuries to the bladder from neglect to catheterize patient. Packing with gauze after operation for fistula. Packing septic wounds.

Consultants often fall into the same errors as those they are consulting with because of mistake in getting at the facts from the patient.

The greatest mistake of all is the privilege given with every medical degree, which allows a new graduate the same privilege of doing any operation that any experienced surgeon has.

Proceedings of the Eye, Ear, Nose and Throat Section of the San Francisco County Medical Society, September 25, 1923, Edward F. Glaser, chairman (reported by F. C. Cordes, secretary)—Report of cases of marked visual defects in drivers of automobiles. For discussion tending toward proper legislation—Walter Scott Franklin opened the discussion on this subject. He hoped that discussion might be the starting point toward proper legislation which would insure the proper supervision of the eyesight of people driving automobiles as essential for the public safety. He cited several cases coming under his observation.

Dr. A., age 50, had a myopia of 16 diopters in the right eye, with 13 in the left. His correction gave him R. E. V. 0.3; L. E. V. 0.6. He drove his car, an open car, daily. His glasses were nose glasses, which might easily have been blown off by the wind and left him to drive his car with vision of fingers at a few feet.

Another case, Mr. R., age 45, had R. E. V. 0.3, L. E. prothesis. Examination of the right eye showed chronic simple glaucoma with constricted tubular field in his only eye. He drove his car daily. He was a real menace to every driver, yet bragged about his ability to drive even though his vision was so poor.

Mrs. Z., age 57, had R. E. V. with correction 0.3, L. E. V. with correction 0.4. The examination of her eyes showed bilateral incipient cataracts. She came complaining of difficulty in driving at night, due to the glare of approaching machines.

Mr. G., age 39, had a bilateral healed trachoma, pannus, with a marked refractive error that upon correction gave him R. E. V. 0.5; L. E. V. 0.6. He had been wearing nose glasses, and was driving a truck.

These cases are but a few types of the many seen by every oculist. They show clearly the necessity for visual examination in the operators of motor cars, particularly professional drivers. The requirements for locomotive engineers are very exacting, and yet in the operation of a machine, which is more difficult, no supervision is made of the physical qualifications of the driver.

Discussion—Mr. W. J. French, of the Industrial Accident Commission, said that the records of the California Industrial Accident Commission show that there were 9,328 permanent injuries reported during the five years 1917 to 1921, inclusive, and that, out of the total, 1,223 were permanent eye injuries. For the same five years the statistics disclose 393,622 temporary injuries, and included in this large total were 41,162 temporary eye injuries. More regrettable than anything else is the fact that there were eighteen cases of total blindness reported during the five years, all charged to accidents sustained by employees.

It is impossible to find in the State records many cases of marked visual defects in drivers of automobiles, because of the difficulty of keeping classifications so refined in character, and also because eye injuries are usually sustained by men with good or fair eyesight. A search revealed seven reported cases of interest to this discussion. In four instances the men sustaining injuries to their eyes returned to their usual duties as chauffeurs and auto truck drivers. In two instances the records do not show whether the employees returned to work. In the remaining instance the right eye was injured, and the man was unable to resume his employment because he had previously sustained an injury to the left eye.

R. E. Simpson, engineer of the Travelers Insurance Company, in an address delivered on May 18, 1923, before the American Society of Safety Engineers in New York, estimated that between 25,000,000 and 30,000,000 workers in this country have subnormal vision. If these figures are nearly correct, the addition of other groups in the community and their proportions of defective eyesight would show a heavy majority of our citizens deficient in this important respect.

Poor vision and bad lighting are responsible for a too large percentage of accidents. There is no doubt of the wisdom of reasonable physical examinations, added to a need to require of automobile drivers some knowledge of the cars they operate before permanent licenses are issued.

Proper legislation to control the problem of marked visual defects in automobile drivers can only come as the result of careful planning. A conference of the representatives of different interested organizations could well be undertaken, so that the months before the meeting of the California Legislature in 1925 may be utilized in preparing proposed legislation that will, if enacted into law, mean fewer accidents and a reduction in the deaths and injuries sustained each year by our citizens.

Mr. George E. Sanford, general attorney California State Automobile Association, said that the problem of reducing the great number of accidents resulting from the operation of motor vehicles is increasing and becoming more difficult as time progresses.

It is true that mere lack of knowledge and carelessness can account for a greater per cent of collisions, but the presence of operators upon the highways who are suffering from mental or physical infirmities is also answerable for a great portion of them.

The only way this percentage can be minimized is by appropriate legislation. By this is meant

sound and practical legislation which will accomplish results without working an unreasonable hardship and inconvenience upon the public.

There can be little doubt of the beneficial outcome of legislation which would, by a practical method, make it possible to segregate those who have such physical defects as glaucoma or tubular vision and extreme myopia or near-sightedness from the mass of drivers.

In California the new Motor Vehicle Act was handed down to the people with no requirement along this line. The law makes it discretionary for the suspension or revocation by the Division of Motor Vehicles of an operator's or chauffeur's license for reasons of incompetency to drive resulting from physical or mental infirmities. But this discretion is exercisable after complaints have been filed with the division against any one person. It is then often too late—damage has been suffered.

After a limited perspective into the laws of other States, we find a general expression of opinion from proper State authorities favoring legislation requiring a reasonable examination or method to be followed, for the purpose of determining whether a person is mentally and physically fit to operate a motor vehicle upon the highways before he is granted that privilege. I also am informed that upward of ten States now have such requirements upon their statute books. The State of Vermont requires that applicants have a thorough examination for physical defects, such as loss of an arm, foot, or poor eyesight. Great improvement has been found in the operating of automobiles since the law became effective two years ago. Rhode Island and several other States are at present considering the same matter.

Kaspar Pischel stated that in his opinion it is very timely to bring up this question before the society; that every effort should be made to secure legislation for the physical examination of automobile drivers. Such legislation must be liberal and reasonable. While anyone who wears glasses has a certain handicap, in fog or rain, for example, this handicap can be overcome by care. A person hard of hearing, or even a deaf person, may be a much safer driver than a reckless fellow with perfect sight and hearing, but without judgment and feeling of responsibility. A person with one eye only, while greatly handicapped, may overcome this handicap by greater care; but there are limitations. The requirements for a professional taxi or truck driver should be higher because he cannot always drive leisurely and take his time.

P. Obarrio pointed out that, even in a rigid examination, it is possible to overlook an important factor. An officer in the air service who had passed the rigid army tests and had been chosen for great hazards in the service had hemeralopia or night blindness, and had difficulty driving his machine at night. He also felt that bifocals were a definite handicap in driving.

Edmund Butler, city emergency surgeon, said that, while the vision is of great importance, the general driving ability, particularly the power to act in an emergency is of greater significance. He also learned from Captain Gleason of the Traffic Squad that among the various classes the drivers of Ford delivery trucks had the least accidents, while doctors ranked among those that had the greatest number of accidents.

Franklin in closing stated that a reasonable and practical examination is of the utmost importance. With this type of examination the most dangerous drivers would be eliminated.

St. Joseph's Hospital Notes: On November 14, St. Joseph's Hospital of San Francisco held its monthly meeting. The value of hospital and private case records was discussed by William Quinn, Philip King Brown, J. M. Stowell, and Roy Parkinson. Milton Alanson demonstrated the "Radiodor," a new vaporizer with marked advantages, an acquisition to the hospital.

In answer to the California State Medical Association, it was voted to extend physicians from outside of the city who are interested in post-graduate study the general courtesy of witnessing operations.

The staff program announced for December 12 includes "Hospital Notes of a Trip to the Northeast"—Ethan Smith. Progress of the Laboratories and X-Ray Department—W. T. Cummins and Lloyd Crow.

On November 7, the executive board of the staff gave a "welcome-home" luncheon to Ethan Smith, who had been away for six months.

The patronesses of St. Joseph's Hospital held their monthly meeting and a card game during Music Week, and decided to present the new nurses' home with a modern victrola. Funds for the latter will be raised by raffling at the December meeting a special five-pound box of candy, donated by Mrs. Walter J. O'Brien.

St. Luke's Hospital Clinical Club Meeting—St. Luke's Hospital Clinical Club met at luncheon in the doctors' dining-room for its regular meeting November 20. John M. Rehfish addressed the club on the subject of "Biophysical Data in Deep Therapy." He traced the revolutionary changes which have occurred in physics as a result of the X-ray and its effect upon the atomic theory, and stated that as a result physicists were casting about for new theories upon which to base their work. He discussed the new instruments developed for measuring X-ray intensity and penetration and exhibited some of the newer forms of these instruments with lantern-slides of others.

The next meeting will be held December 4, the subject being, "Cardiac Neurosis," by E. S. Kilgore.

San Francisco doctors and out-of-town men interested in graduate work will be welcome at any of the Clinical Club meetings.

University of California Medical Society (reported by William J. Kerr, secretary)—The regular monthly meeting of the University of California Medical Society, held in Toland Hall, University Hospital, on Thursday evening, October 25, was well attended.

S. H. Hanson of the department of pediatrics presented a case of unusual anemia in a child of 15 months. The leukocytes varied between 3000 and 9000, with a preponderance of lymphocytes. The hemoglobin varied from 12 per cent on admission to 55 per cent at the time of the presentation of the case. The red count on admission was 928,000, and had later risen to 3,600,000. The reticulated cells had increased from 1 per cent to 5 per cent, the improvement in the blood condition following transfusions of whole blood in amounts of 50 to 75 cc. A diagnosis of aleukemic leukemia was given, and an unfavorable prognosis.

W. I. Terry and H. C. Shepardson, both of the department of surgery, spoke on the development of a technique for the use of the complement fixation test in a study of thyroid disease. They were able to show that thyroid substance from normal glands and adenoma of the thyroid was able to produce changes in inoculated animals, which caused a fixation of complement. It is possible that this technique may be of considerable value in a further study of thyroid conditions. By the method it may be shown that adenoma differs from normal thyroid and from the hyperplastic gland.

W. H. Kellogg of the department of preventive medicine spoke on the determination of susceptibility and immunity to diphtheria. He outlined a method whereby the immunity in a given individual or experimental animal could be determined by the use of a small amount of blood. The antibodies in the blood serum could be determined by injection into the skin of an experimental animal, using known amounts of diphtheria toxin to neutralize any antitoxin present in the serum. Kellogg suggested that this matter may be of value where it is not convenient, economical, or accurate to use the well-known Schick reaction. Kellogg felt that the

pseudo-reactions seen in the ordinary Schick test could be eliminated by this technique.

The discussion of sinus infection and report of cases with suggestions for treatment—Arthur C. Gibson stated that surgeons were not all in agreement as to the character and extent of operative procedure in the treatment of these infections.

Sinus infection is an infection in or around the wall of the lateral sinus in its course from the torcula to the jugular bulb, most generally occurring in or near the mastoid cavity during the course of suppurated middle ear disease.

The important diagnostic features are: 1. Chilly sensation; 2. Irregular sudden rises of temperature, perhaps one or more times in twenty-four hours, and may be very fleeting in duration; 3. Increased W. B. C.; 4. Toxic appearance of patient and later symptoms are those of pyemia or septicemia.

The chief value of laboratory examination is to exclude other conditions. The treatment consists in ligation of the jugular vein in the neck and opening the sinus and removing the sinus wall until free bleeding is encountered. Early ligation is urged because of the comparative simplicity of the procedure and the slight risk as compared to the serious dangers which ensue in a case which is not ligated.

Discussion—Francis M. Shook of Oakland stated that the underlying principle was the removal of the infected area and drainage. In sinus thrombosis we formerly waited until all laboratory reports were in before operating. Even now some criticize early radical surgery. Early operation in appendicitis was formerly criticized with as little justification as is criticizing at the present time of early operation in sinus thrombosis.

Wallace Smith suggested that Gibson did not make his indications for operation sufficiently specific. If there is a definite thrombosis, ligation should be done. The indications have not been taken seriously enough, as we must be careful not to ligate needlessly. Chilly sensation is an early symptom in many conditions and, therefore, cannot be used for sinus thrombosis alone. The swelling in back of the mastoid is an unusual symptom of sinus thrombosis. The sewing of the upper end of the jugular into the skin to allow drainage is important.

Hebert stated that autopsy occasionally reveals an obliterated sinus indicating that the condition must have cleared spontaneously. Before ligation the indications must be definite and the blood culture is important when the temperature is high.

Gibson in closing stated that both jugulars can be ligated, so there need be no fear. He felt that opening the jugular was dangerous as it might infect the wound.

SAN JOAQUIN COUNTY

San Joaquin County Medical Society (reported by H. S. Chapman, secretary)—The November meeting was held in the San Joaquin County Health Center. There were some thirty members present, this being the largest meeting held for some time. Members had the pleasure of inspecting the new health center and their new library, situated in this health center.

Edmund Butler of San Francisco read a paper on "Gastric Surgery."

John J. Sippy, executive head of the San Joaquin County health center, was admitted to membership in the county medical society.

The San Joaquin County health center has been functioning for six months. Baby clinics have been formed throughout the county and are being largely attended. A clinic was recently established in Stockton by the local health board.

County Health Center Endorsed by County Society—According to United States Public Health Service reports, the San Joaquin County Medical Society and the Central California District Dental

Society have endorsed the health center for the county now being constructed and operated under the direction of the county health officer.

We hope, in subsequent editions of the Journal, to be able to publish the policies, rules and regulations which define what medical work in San Joaquin County shall go to this health center and what shall be undertaken by the physicians of the county. This definition is usually different in each health center.

SANTA BARBARA COUNTY

Santa Barbara County Medical Society (reported by Alex C. Soperl Jr., secretary. The regular meeting held November 13, 1923, at the Cottage Hospital was called to order at 8:25 p. m., with President Means in the chair. Present: Seventeen members, three internes, W. H. Eaton, N. H. Blatherwick, Ph. D., and Mr. Vandervee, Superintendent of the County Hospital. Minutes of previous meeting read and approved.

First paper—"Unusual Complications of Acute Otitis Media," by Henry J. Profant, Santa Barbara, with lantern-slides and demonstrations of areas affected, on anatomical specimens. Patient exhibited to show recovery from paralysis of left external rectus oculis. Discussion, by H. J. Ullmann, N. H. Brush, and H. Koefod.

Second—"General Discussion of Sanitary Problems of the City," by W. H. Eaton, Captain Medical O. R. C., and City Health Officer. Discussion, by W. H. Mellinger, C. S. Stevens, A. Q. Spaulding, W. B. Cunnane, P. C. Means, C. D. Nagleman, and H. Freidell, centered mostly on the subject of proper education of youth, in hygiene, physiology, and anatomy, and the combination of the city and county health officers in one person.

Moved by Ullman, seconded by Mellinger, that the Santa Barbara County Medical Society request the Council of the city of Santa Barbara to supply the health department of the city with not less than four rooms, and that the suitability and location of these rooms meet with the approval of the City Health Officer. Passed unanimously.

Moved by Mellinger, seconded by Ullman, that a committee be appointed by the president of the society to investigate the status of the City Health Department, with a view to combining that department with the County Health Department if possible and practicable. Passed unanimously.

On invitation, Mr. Vandervee briefly described the dairy at the General Hospital, and stated he believed he could meet all the specifications for "Guaranteed Grade A raw milk." This was corroborated by W. J. Mellinger.

Arnold G. Isaac was unanimously elected a member of the society. Moved by Stevens, seconded by Mellinger, that a list of delinquent medical accounts of people who are believed able to meet same be maintained at the secretary's office, to be accessible only to members of the society. Passed.

The secretary-treasurer introduced the subject of the disposition of the considerable funds of the society still in bank. The general sentiment was that these should be kept on hand for emergencies. Moved by W. D. Sansum, seconded by Hotchkiss, that the society pay for the screen-projection apparatus used at the hospital by and for the society. Passed unanimously.

William D. Varick, formerly of Manchester, N. H., has settled here for practice, and expects to join the County Society January 1, 1924.

R. Manning Clarke, formerly of this city, has removed to 319 Hollingsworth building, Los Angeles, where he will specialize in gastro-enterology and internal medicine.

Mary West Niles, who has practiced forty-one years in Canton, China, as a medical missionary, is visiting her brother, Rev. John S. Niles, at Goleta, a suburb of this city. She has had a won-

derful experience in establishing schools for the blind and in teaching Christianity and medicine.

William H. Eaton, Captain Medical Officers' Reserve Corps, has accepted the position of City Health Officer of Santa Barbara, vice H. A. De Vilbiss, resigned. Eaton has had a wide experience in sanitation.

SOLANO COUNTY

Solano County Medical Society (reported by A. V. Doran, secretary)—The society held no meeting during the past month.

Ralph Allen has moved to Portland, Ore.,

C. Todd has moved to Concord, Calif.

SONOMA COUNTY

Sonoma County Medical Society (reported by N. Juell, secretary)—The November meeting was a joint meeting with the physicians of Mendocino and Lake Counties, held at Cloverdale, November 8. Eighteen members were present from Sonoma County, eight from Mendocino, and two from Lake.

F. W. Lux of San Francisco delivered an address on "Influenza."

Peter Paul Baron of Geyserville and Demetrius Eugene Jeffry of Sebastopol were accepted as new members of the Sonoma society.

TULARE COUNTY

Medical Society of Tulare County (reported by Elmo R. Zumwalt, secretary)—On October 28, 1923, at Hotel Johnson, Visalia, the Tulare County Medical Society met at dinner, and later held the regular meeting. Twelve members were in attendance.

Following a few matters of routine business, the meeting was turned over to the speaker of the evening, Fred H. Kruse of San Francisco, who gave a most interesting paper on "The Diagnosis of the More Common Abdominal Disorders." His paper was illustrated by a series of X-ray pictures that were very interesting.

Clayton W. Locke of Lindsay died on September 26 of heart disease. Locke has been a member of the Tulare County Society for many years, and was an active practitioner to the date of his death.

Papers for Medical Meetings—Short papers and sharp discussions should be the rule in the professional part of all medical meetings, not merely as a time-saving system, but as a necessity. It is rarely possible to keep the attention riveted on one topic any great length of time, unless it is one of extreme importance and is attractively presented in pleasing language. A revolutionary idea must, of course, be supported by detailed facts, and a discovery of new facts may be enlarged upon, but the average paper is likely to be a variation of some well-known idea which needs but little defense. The medical meeting is the place for the exchange of generalizations, experiences and conclusions. The time has long passed when scientific meetings were the only means of publishing the details of scientific work. Medical journalism fulfills this function, and to the great benefit of science, too; for the place where such data can be appreciated is in the quiet of the study rather than in the distraction of a crowd. Often do medical meetings become too tiresome for good thinking, and the recollection of them is a confused, painful jumble; whereas each member should have carried away new, sharply impressed ideas, as derived from short, crisp papers and the healthy discussion which followed. In this way it is possible to gather a crop of ideas which are never suggested by reading.—(Editorial, The Atlantic Medical Journal, October, 1923.)